

**Eagle's Wings Retreat Center
P.O. Box 248
2805 Ranch Rd.
Burnet, Tx. 78611**

Adult Liability Release Form

Dear Participant,

We are happy that you will be participating in the activities at Eagle's Wings Retreat Center. For our records and for any possible emergencies that might arise while at the retreat center, we ask that you fill out this form and this will act as a Liability Release. Please note your signature is required. Please be sure all information is correct.

Participant Information

Name _____ Birth Date _____

Address _____

Cty/St/Zip _____ Phone _____ Cell _____

Consent

I consent to my participation in the activities at Eagle's Wings Retreat Center. I relieve the Eagle's Wings Retreat Center, Inc. its staff members and volunteers of all responsibility and consequence that may arise in the event of an injury. Further, I agree to accept financial responsibility as a result of medical treatment. I agree to abide by all rules and regulations stated by Eagle's Wings Retreat Center, Inc. staff and volunteers. Eagle's Wings Retreat Center will not be liable if I fail to cooperate with regulations, and that my infraction of the rules may result in immediate dismissal from this facility at my expense.

Participant's Signature _____ **Date** _____

Medical and Emergency Information

Family Physician _____ Phone(____) _____

Preferred Hospital _____ Phone _____

Address/City _____

Allergies _____ Current Medications _____

Medical Conditions we should be aware of _____

In case of emergency, please call:

Name _____ Phone _____ cell _____

Name _____ Phone _____ cell _____